

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BH	10385	
O.I.P.E. CLASSIFIER			7-01-11-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		64694	2-7

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final	Original
1	1/10/03
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓
21	✓
22	○
23	○
24	○
25	○
26	○
27	○
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31	○
32	○
33	○
34	○
35	○
36	○
37	○
38	○
39	○
40	○
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	Original
51	✓
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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